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A Comparative Study on Healthy City Capacity Mapping: Indonesia and Korea

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Abstract: The healthy city approach toward addressing a variety of urban health challenges is increasingly important in the context of urbanization and globalization. For successful healthy city implementation and to help planners and decision makers as an initial step WHO introduced a tool, capacity mapping which aims to identify existing resources and assess capacity needs. Countries like Japan, Korea and Australia as well as some European and American countries have mapped their national capacity. However for specific cases like healthy cities, mapping capacity is rarely undertaken. Therefore, through a comparative study, this study maps the healthy city capacity in two selected countries: Indonesia and Korea, in order to assess comparative needs and improve healthy city development. Based on an extensive literature review and government documents, this study found that Indonesia and Korea have similarities in the historical development and national agenda of their healthy cities implementation but have differences in organizational structure, regulation and funding support. It appears that Indonesian national policy is stronger than Korean policy; Indonesia has joint regulation by the MOHA and the MOH which provide national guidelines for the healthy cities implementation while Korea only utilizes general guidelines. However in terms of funding availability, Korea's healthy city program is stronger than that of Indonesia. Korea benefits from self-financing by each city, a membership fee from the KHCP and support from the Health Promotion Foundation while Indonesia has limited funding and no specific membership fee.

Key words: Healthy city, capacity mapping, KHCP, Indonesia, Korea

INTRODUCTION

The healthy city approach toward addressing a variety of urban health challenges is increasingly important in the context of urbanization and globalization in all regions including South-East Asia, Indonesia's region and the Western Pacific, Korea's region. As a first setting approach used in health promotion (Lindstrom and Eriksson, 2009) and considered an effective way to promote health (Chu, 2009), capacity building has become a vital concern in the globalized world. The Jakarta Declaration (1997) and Nairobi Conference (2009) provide strong evidence of the importance of capacity improvement (WHO, 2011a, b). Three of five priorities for health promotion in the 21st century identified in the Jakarta Declaration involve capacity improvement. Building capacity for health promotion was also one of the thematic tracks at the Nairobi Conference.

For successful healthy city implementation and to help planners and decision makers, one of the useful tools introduced by WHO to promote health is capacity

mapping (LaFond *et al.*, 2002; Mittelmark *et al.*, 2006; Nam and Engelhardt, 2007; WHO, 2010). According to LaFond *et al.* (2002), mapping is the first step in designing capacity-building interventions and provides a useful framework to monitor and evaluate the effectiveness of a program. Capacity mapping aims to identify existing resources and assess capacity needs. Although, capacity mapping is important in capacity improvement, Mittelmark *et al.* (2006) explained that actually "there is no single way or a best way to make a capacity map". The optimal way to map capacities is needed to identify, assess and define users' needs.

Australia as well as some Asian countries such as Japan and Korea and European and North American countries such as Slovenia, the United States, Canada and Colombia, have largely mapped the national capacity to promote health (Mittelmark *et al.*, 2006; Nam and Engelhardt, 2007). However, for specific cases like the healthy city approach, capacity mapping in Indonesia and Korea is still rarely undertaken. Indonesia and Korea have a common history in the development of healthy cities but